JUL 31 1937

102

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25034

1. PLACE OF DEATH
County: Shelby
Township: Bethel
City: (No. , St. Ward)

Registration District No. 826
Primary Registration District No. 6087

File No.
Registered No.

2. FULL NAME: James Curtis Smith

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Juliette C. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 13, 1861

7. AGE: Years 75 | Months 9 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal, Missouri

FATHER
13. NAME: William H. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Julia Ann Vestry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Curt Smith, Shellyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Grove Cemetery DATE: June 13, 1937

19. UNDERTAKER (ADDRESS): C. W. Musgrove, Bethel, Missouri

20. FILED: June 12, 1937 Mrs. C. W. Musgrove, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 37, to June 11, 37
I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
5	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: ?
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. A. Turnish, M. D.
(Address) Shelbina, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.